

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARSON AMERICA EXPLORATORY COMMITTEE**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MARGUERITE OLEYAR**

Mailing Address 41780 BUTTERFIELD STAGE RD

City	State	Zip Code
TEMECULA	CA	92592-9206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.30237**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

**B. Full Name (Last, First, Middle Initial)**

**JANE OLIVER**

Mailing Address 79955 ROCK CREEK DAM RD

City	State	Zip Code
TYGH VALLEY	OR	97063-9647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.19051**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)**

**DON OPPERTHAUSER**

Mailing Address 2005 NW CALISTA ST.

City	State	Zip Code
GRIMES	IA	50111-2270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.8293**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

800.00

**Total This Period (last page this line number only)**.....